



2829 University Avenue SE, Suite 404
Minneapolis, MN 55414-3230
Phone: (651) 201-2730 Fax: (651) 201-2763
TTY Relay: (800) 627-3529
E-mail: benha@state.mn.us
Web: www.benha.state.mn.us

Request for Academic Course and/or Experience Review

If you have not already applied for licensure and paid the \$150 application fee, but want to have your previous education or experience reviewed to determine whether it meets all or some of the board's requirements for licensure, you must pay \$50 to obtain board review of your academic courses and experience. This \$50 fee* will be applied toward your application fee for licensure, if the application and remaining \$100 fee** are submitted within one year of your request for course and experience review. Pre-approved courses are listed at the board website.

The form for each course requirement you wish to have reviewed must be completed to help the board accurately review your education and experience. Read the instructions; submit the completed form(s) with your review fee and this completed page to the Board office. Make check payable to BENHA. You will be notified of the determination of the Board as soon as your information has been reviewed.

The Board's determination regarding the review of your submitted materials will be sent to the address you give, with updates e-mailed whenever possible.

Name

Address

City, State, Zip

(_____)_____
Daytime Phone

E-mail address

For office use only:

Date Rec'd:

Education Review Fee: \$50.00

Acct. Code: 640115

Check No.

Deposit Number:

*Education Review, \$50 fee – expires one year from fee payment

**Full Application, \$150 [\$100 if paid before active Ed Review expires], full app expires 18 months from fee payment

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Decision A/D Date _____

**ACADEMIC COURSE
REVIEW REQUEST 1**

Name _____

Phone (____) _____

Use this form to obtain review of academic courses to meet board course requirements for courses other than those the board has pre-approved at schools with approved academic programs.

Course Requirement 1. Organizational management. An applicant must complete a course in organizational management covering the basic management functions of:

- A. planning and objective setting;**
- B. organizing and delegating; and**
- C. observing, monitoring and evaluating outcomes including customer satisfaction.**

Provide the following information about the course(s) you are submitting to meet the above requirement.

<u>Course No.</u>	<u>Title</u>	<u>Institution</u>	<u>Completion Date</u>	<u>No. Credits Sem./Qtr</u>	<u>Grade</u>
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Instructions: Read the board rule above which outlines the topics that must be included in courses which meet the requirement. Using the space provided above, identify which of your completed courses included instruction in the required topics and attach documentation to verify that coverage—the more complete and specific the better. Submit your materials to the Board office at the above address. Staff will send you written notice of the decision on your request and will enter approvals in your license application file.

Attach a copy of your **transcript** underlining courses referred to in this request.

Attach information clearly showing how course(s) taken cover all topics specified in the above-quoted Board rule. Attach the **course syllabus or outline** for the year the course was taken. List texts used and provide copies of the tables of contents, indices, etc. and underline information covering the specific topics referenced in the Board rule.

If any courses you are presenting were completed **more than seven years ago**, you must also **attach** either:

- evidence that you have been **employed within the immediate past seven years** in activities requiring use of the knowledge gained in the course, or
- evidence that you have **completed continuing education within the past two years** to renew and update knowledge gained in the course

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**ACADEMIC COURSE
REVIEW REQUEST 2**

Name _____ Phone (____) _____

Use this form to obtain review of academic courses to meet board course requirements for courses other than those the board has pre-approved at schools with approved academic programs.

Course Requirement 2. Managerial Accounting. An applicant must complete a course in managerial accounting, beyond introductory accounting, covering:

- A. budgeting and fiscal resource allocation; and**
- B. interpreting financial information to monitor financial performance and position and to make managerial decisions**

Provide the following information about the course(s) you are submitting to meet the above requirement.

<u>Course No.</u>	<u>Title</u>	<u>Institution</u>	<u>Completion Date</u>	<u>No. Credits Sem./Qtr</u>	<u>Grade</u>
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**ACADEMIC COURSE
REVIEW REQUEST 3**

Name _____ Phone (____) _____

Use this form to obtain review of academic courses to meet board course requirements for courses other than those the board has pre-approved at schools with approved academic programs.

Course Requirement 3. Gerontology. An applicant must complete a course in gerontology covering:

- A. the physical, social and psychological aspects of the aging process; and**
- B. programs and services designed to meet the needs of the aged population.**

Provide the following information about the course(s) you are submitting to meet the above requirement.

<u>Course No.</u>	<u>Title</u>	<u>Institution</u>	<u>Completion Date</u>	<u>No. Credits Sem./Qtr</u>	<u>Grade</u>
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Instructions: Read the board rule above which outlines the topics that must be included in courses which meet the requirement. Using the space provided above, identify which of your completed courses included instruction in the required topics and attach documentation to verify that coverage—the more complete and specific the better. Submit your materials to the Board office at the above address. Staff will send you written notice of the decision on your request and will enter approvals in your license application file.

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ACADEMIC COURSE REVIEW REQUEST 4

Name _____ Phone (____) _____

Use this form to obtain review of academic courses to meet board course requirements for courses other than those the board has pre-approved at schools with approved academic programs.

Course Requirement 4. Health care and medical needs. An applicant must complete a course in health care and medical needs of nursing facility residents covering:

- A. differentiation between the aging process and the disease process;**
- B. common conditions, issues, diseases, illnesses, disabilities, and treatments of nursing facility residents including dementia (cognitive decline including Alzheimer's disease); AIDS; pressure sores; infections; mobility, falls, and restraints; incontinence and constipation; sensory impairments; depression; nutrition; iatrogenesis (health care system induced medical problems); drug use; and end-of-life pain management; and**
- C. medical and pharmacological terminology.**

Provide the following information about the course(s) you are submitting to meet the above requirement.

<u>Course No.</u>	<u>Title</u>	<u>Institution</u>	<u>Completion Date</u>	<u>No. Credits Sem./Qtr</u>	<u>Grade</u>
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Instructions: Read the board rule above which outlines the topics that must be included in courses which meet the requirement. Using the space provided above, identify which of your completed courses included instruction in the required topics and attach documentation to verify that coverage—the more complete and specific the better. Submit your materials to the Board office at the above address. Staff will send you written notice of the decision on your request and will enter approvals in your license application file.

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ACADEMIC COURSE REVIEW REQUEST 5

Name _____ Phone (____) _____

Use this form to obtain review of academic courses to meet board course requirements for courses other than those the board has pre-approved at schools with approved academic programs.

Course Requirement 5. Nursing facility services, programs and issues. An applicant must complete a course in the organization, operations, functions, services and programs of nursing facilities covering:

- A. governing and oversight bodies and their relationship to the administrator;**
- B. administrative responsibilities and structures;**
- C. operations and functions of each facility department;**
- D. functions and roles of professional and non-professional staff and consulting personnel; and**
- E. issues of cultural diversity and human relationships between and among employees and residents of nursing facilities and their family members.**

Provide the following information about the course(s) you are submitting to meet the above requirement.

<u>Course No.</u>	<u>Title</u>	<u>Institution</u>	<u>Completion Date</u>	<u>No. Credits Sem./Qtr</u>	<u>Grade</u>
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ACADEMIC COURSE REVIEW REQUEST 6

Name _____ Phone (____) _____

Use this form to obtain review of academic courses to meet board course requirements for courses other than those the board has pre-approved at schools with approved academic programs.

Course Requirement 6. Human Resources. An applicant must complete a course in human resource management covering:

- A. staffing;
- B. equal employment opportunity, affirmative action and workforce diversity;
- C. compensation and benefits;
- D. coaching and performance management;
- E. training and development;
- F. labor relations, including union contract negotiation and administration; and
- G. employment law.

Provide the following information about the course(s) you are submitting to meet the above requirement.

<u>Course No.</u>	<u>Title</u>	<u>Institution</u>	<u>Completion Date</u>	<u>No. Credits Sem./Qtr</u>	<u>Grade</u>
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ACADEMIC COURSE REVIEW REQUEST 7

Name _____ Phone (____) _____

Use this form to obtain review of academic courses to meet board course requirements for courses other than those the board has pre-approved at schools with approved academic programs.

Course Requirement 7. Regulatory Management. An applicant must complete a course in regulatory management covering the legal, regulatory and funding provisions and requirements governing operation of nursing facilities and health care programs including:

- A. resident rights and protection from maltreatment;
- B. professional and biomedical ethics, including advance directives;
- C. guardianship and conservatorship;
- D. liability, negligence and malpractice;
- E. data confidentiality, privacy and practices;
- F. professional licensing, certification and reporting for staff and consulting personnel;
- G. health and safety codes including OSHA and National Life Safety Code;
- H. Medicare and Medicaid, standards for managed care and subacute care, and third party payer requirements and reimbursement;
- I. federal and state nursing home survey and compliance regulations and processes;
- J. requirements affecting the quality of care and life of residents, including measurement of outcomes from clinical and resident-satisfaction perspectives;
- K. resident acuity and assessment methodology; and
- L. quality assessment and assurance.

Provide the following information about the course(s) you are submitting to meet the above requirement.

<u>Course No.</u>	<u>Title</u>	<u>Institution</u>	<u>Completion Date</u>	<u>No. Credits Sem./Qtr</u>	<u>Grade</u>
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**ACADEMIC COURSE
REVIEW REQUEST 8**

Name _____ Phone (____) _____

Use this form to obtain review of academic courses to meet board course requirements for courses other than those the board has pre-approved at schools with approved academic programs.

Course Requirement 8. Information uses. An applicant must complete a course in the accumulation and analysis of data to inform management decision making including:

- A. strategic uses of data and information;**
- B. data accumulation, storage, integration from multiple sources, manipulation, and presentation;**
- C. needs assessment and analysis methodologies; and**
- D. measures, analysis, and assessment of outcomes including customer satisfaction and quality improvement.**

Provide the following information about the course(s) you are submitting to meet the above requirement.

<u>Course No.</u>	<u>Title</u>	<u>Institution</u>	<u>Completion Date</u>	<u>No. Credits Sem./Qtr</u>	<u>Grade</u>
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ACADEMIC COURSE REVIEW REQUEST - PRACTICUM

Name _____ Phone (____) _____

COURSE REVIEW REQUEST FOR PRACTICUM

Applicants wanting to obtain board approval of a practicum experience to be arranged through or already completed at an educational institution other than those pre-approved by the board, should consult the Executive Director of BENHA. The applicant should use this form as a cover sheet to present the practicum plan for review and approval.

Course No.	Title	Completion Date	No. Credits	Grade
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Participating Academic Institution _____

Name, title and area of specialty of supervising faculty member _____

Name and address of participating long-term health care facility _____

Name of supervising licensed nursing home administrator _____

License No. and state where supervising administration is licensed _____

Length of time spent at nursing facility in hours _____

Attach practicum plan clearly showing how practicum covers all topics specified in the Board rule, which must include:.

- A. a rotation through the departments of the nursing facility, and including time at the facility during all work shifts
- B. participation in or review of the findings of regulatory inspections of the facility
- C. observation of the integrative and administrative role of the administrator
- D. observation of the relationships between the facility and the community and other providers in the continuum of health care
- E. participation in an in-service education session
- F. completion of a major project, study or research effort to improve operations at the facility or provide information for a major decision facing the facility.

Provide copy of project or research paper or identify topic selected for project: _____

If any courses you are presenting were completed **more than seven years ago**, you must also **attach** either:

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PRACTICUM WAIVER REQUEST OPTIONS

FOR MINNESOTA LNHA LICENSURE

General Definition: Each applicant must complete a 400 hour practicum unless presenting evidence to the board that the applicant has experience as described below for a reduction in the number of practicum hours. The current national practicum average is 1000 hours so every hour is vital to your core knowledge to be a successful entry level administrator. The board shall determine the minimum number of hours of practicum to be completed by an applicant by comparing the applicant's experience to the requirements listed below. The amount of experience required to qualify for a practicum reduction under items C, D, and E shall be measured in full-time equivalency at the rate of 35 hours per week.

The minimum number of hours to be spent by each individual in the practicum experience shall vary according to the following schedule:

- A. **waived** for an individual who has one year of continuous full-time employment as the licensed administrator and chief executive officer or the assistant administrator of a nursing facility, provided that time working as an acting administrator under an acting license or permit in the same nursing facility where the individual also served as the licensed administrator or assistant administrator is counted in meeting this standard if the individual's employment under both titles combined was one continuous year.
Note: "Assistant administrator" means an individual who reports to the nursing home administrator, assumes charge of the facility in the administrator's absence, and has ongoing managerial and supervisory authority over both administrative and resident care functions, operations, and staff in a nursing facility
- B. **80 hours** for an individual who has served one year or more full-time as a hospital administrator or hospital assistant administrator with responsibility for both resident care and administrative functions, or who has served two or more years full-time or the equivalent number of hours as the director of nurses in a nursing facility.
- C. **200 hours** for an individual who has served two or more years as a department manager with supervisory and budgetary responsibility in a hospital or nursing facility. This also applies to:
 - (1) **an individual not meeting the requirements for assistant administrator under item B or the definition in part 6400.5100, but who has otherwise held that title in a nursing facility or hospital and performed under the title for two or more years;**
 - (2) **an individual who has served as director of nurses in a hospital for two or more years; and**
 - (3) **an individual who has served two or more years as an administrator or assistant administrator of one or more long term care facilities for 25 or more developmentally disabled residents.**
- D. **300 hours for an individual who has two or more years of employment in a hospital or nursing facility in any professional capacity or in any direct patient care capacity.**
- E. **300 hours** for an individual with two or more years of managerial or administrative employment experience including supervision of at least 25 employees and responsibility for an annual budget of at least \$250,000; or
- F. **400 hours** for an individual with none of the experience specified in items A to E.

Waiver or reduction in hours for practicum

Name: _____

If you think you qualify for a reduced number of hours of practicum, complete and submit the information requested. Board office staff will notify you of the board's decision concerning the length of practicum you must complete for licensure.

Under which provision of the quoted board rule do you think you qualify for reduced hours? (Circle all that you believe apply to your situation)

A* B* C C(1) C(2) C(3) D E

Provide employment information to support your request on the next page. If necessary, attach additional sheets in the same format to show all experience relevant to practicum hour reduction provisions.

*If you claim waiver under provision A, B, or C (except as a DON), attach a position description and an organization chart showing your position in relation to others above, below, and equal to your job in the organizational hierarchy. If you claim waiver as an assistant administrator, you must also submit evidence that your experience included all activities typically covered in a practicum. Obtain the "Ass't Administrator – Practicum Questions" form to document your experience. It is posted on pages under the Applicants tab.

- For each facility where you performed duties related to experience for practicum reduction, attach or have provided separately, a letter on official stationery of the facility, dated and signed by your supervisor or an official of the agency's human resources unit, verifying your employment. The letter must include: 1) your dates of employment with the facility/agency, 2) the title(s) of any position(s) you held with the facility, and 3) the number of persons supervised and size of budget, if applicable.

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PRACTICUM WAIVER REQUIREMENTS FOR MINNESOTA LNHA LICENSURE

Please provide the following information to support your request for practicum waiver.

FACILITY NAME:	
SERVICES OFFERED AND LICENSED AS:	
FACILITY LOCATION (city and state):	# of beds/units served:
DATES OF YOUR FULL-TIME EMPLOYMENT AS LICENSED NHA & CEO FOR THE FACILITY: FROM mo _____/day _____/yr _____ TO mo _____/day _____/yr _____	
YOUR TITLE and DUTIES	
ANNUAL BUDGET YOU WERE RESPONSIBLE FOR	# OF WORK HOURS IN WEEK
DEPARTMENTS YOU SUPERVISED OR MANAGED	DEPARTMENTS YOU CONTROLLED BUDGET

Submit the following to document the request for practicum reduction:

1. If you claim waiver under provision A, B, or C (except as a DON),
 - a. include a position description,
 - b. include an organization chart showing your position in relation to others above, below, and equal to your job in the organizational hierarchy.
 - c. If you claim waiver as an assistant administrator, you must also submit evidence that your experience included all activities typically covered in a practicum. Contact the board office to obtain a form to document your experience.
2. For each facility identified above related to experience for practicum reduction, submit or provide separately, a letter on official stationery of the facility, dated and signed by your supervisor/administrator or an official of the agency's human resources unit, verifying your employment. The letter must include essential information as listed above.

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